

# G.E.M.S. 1

GAINS IN THE EDUCATION OF MATHEMATICS AND SCIENCE

## YOUTH SUMMER INTERNSHIP OPPORTUNITY

SPONSORED BY US ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES, FORT DETRICK US ARMY GARRISON, AND WEST FREDERICK MIDDLE SCHOOL



**1 WEEK INTERNSHIPS BEGINNING  
JULY 10, 17, 24, OR 31, 2006  
(Monday-Thursday, 8:30 a.m - 3:00 p.m.)**

**\$75.00 PAID INTERNSHIP  
SPACE IS LIMITED, REGISTER NOW!**

*Open to West Frederick Middle School  
youth or children of current Fort Detrick  
employees who have completed 6th, 7th,  
or 8th grade.*

Program will include simple biology and chemistry experiments, interactive lectures in biomedical science, all leading to an increased interest in science and the overall process of learning. Students will enjoy activities that are both educational and fun.

**For more information, call  
301-619-4459/240-236-4000**



### ***GEMS Internship Application Form***

**Application Deadline 8 June 2006 (Date/Time Received)**\_\_\_\_\_

**Return application and Essay to West Frederick Middle School, 515 West Patrick Street, Frederick, Maryland no later than 2:30 p.m. on 8 June 2006.**

Last Name	First Name	M.I.
Home Address	City	State
Home Phone	E-mail (if applicable)	Zip
Parent Cell Phone	Daytime Work Phone	

The student must complete and attach an essay (minimum 3 paragraphs) describing his or her interest in science and math and a possible career in biomedical sciences. To receive the stipend, students must complete all requirements which includes attendance of all 4 days.

Choice of Week \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

We must have an emergency phone number where we can make contact with someone legally responsible for this student.

Phone Number \_\_\_\_\_

Ask for whom? \_\_\_\_\_

Relationship to student \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the 1 week GEMS Internship at West Frederick Middle School. I understand that the Frederick County Public Schools/Board of Education and its employees, agents, and volunteers cannot be held responsible for events or conditions beyond their control. I am aware that all Frederick County Public Schools Board of Education student conduct policies are in effect for this activity.

- **Does this student have any medical conditions that may be a problem while attending this program?**      **No**      **Yes (attach an explanation)**
- **Does this student take any medications?**      **No**      **Yes (attach an explanation)**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### **School Information:**

Grade in Sept. 2006 (Student must have completed 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade) \_\_\_\_\_

School Attended: \_\_\_\_\_

#### **Teacher Recommendation:**

Please check one

Highly recommend	Recommend	Do not recommend
Name:	Comments	